

EXHIBIT

A

FORM B10 (Official Form 10)(4/01)

677

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		MANHATTAN DIVISION	<input type="checkbox"/> Ch. 7 <input type="checkbox"/> Ch. 13 <input type="checkbox"/> Ch. 11 PLEASE CHECK CHAPTER
Name of Debtor DELPHI CORPORATION, et al	Case Number 05-44481 (RDD)	PROOF OF CLAIM	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.		Claim #00677 USBC SDNY Delphi Corporation, et al. 05-44481 (RDD)	
Name of Creditor (The person or other entity to whom the debtor owes money or property): QUEST DIAGNOSTICS INCORPORATED	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	CREDITOR # _____ THIS SPACE IS FOR COURT USE ONLY	
Name and Address where notices should be sent: QUEST DIAGNOSTICS INCORPORATED ATTN: ROBERT R. KHOXAYO 1355 MITTEL BLVD. WOODDALE, IL 60191	Telephone number: 847-472-5609		
Account or other number by which creditor identifies debtor: 22170597 WDL	Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated: _____		
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	RECEIVED	
2. Date debt was incurred: TO 10/8/2005	3. If court judgment, date obtained:	NOV 21 2005	
4. Total Amount of Claim at Time Case Filed: \$7,624.92		KURTZMAN CARSON	
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries or commissions (up to \$4,000*), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. §507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4). <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(____). *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
7. Credits: The amount of all payments on this claim have been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		RECEIVED NOV 18 2005 U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK	
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 11/17/2005	Sign and print the name and title, if any, of the creditor or other person or person authorized to file this claim (attach copy of power of attorney, if any): <i>Judith A. Parsons, Placement & Bankruptcy Analyst</i> JUDITH A. PARSONS, PLACEMENT & BANKRUPTCY ANALYST		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			



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